

EXHIBIT R

333 EAST 60TH STREET INC. - SCORES EAST



NEW ENTERTAINER HIRE PACKET

ENTERTAINER
NAME Berta Gore

STGE
NAME Marissa DATE 01.15.2005

MANAGER'S CHECKLIST:
I VERIFY THE FOLLOWING FORMS AND ITEMS ARE CONTAINED
HEREIN, AND ARE COMPLETELY FILLED OUT AND SIGNED...

X PLEASE CHECK...

 ENTERTAINER APPLICATION

 I-9 FORM

 W-9 FORM

 ENTERTAINER AGREEMENT

 COPY OF:
PASSPORT OR DRIVERS LICENSE OR STATE ISSUED ID

 SOCIAL SECURITY OR OTHER LEGAL PROOF OF TO
WORK

MANAGER'S SIGNATURE _____

STAGE NAME _____

ENTERTAINER ID# G 0001**333 EAST 60th STREET INC.**333 EAST 60TH STREET • NEW YORK, NY 10022**APPLICATION FOR ENTERTAINERS**

POSITION DESIRED: _____ ARE YOU EMPLOYED NOW?: _____

HAVE YOU EVER PERFORMED AT SCORES?: _____

PERSONAL INFORMATIONNAME: Gore Blerla SOC. SEC.# REDACTED
LAST FIRST MIDDLEPRESENT ADDRESS: REDACTED Brooklyn NY 11224
STREET CITY STATE ZIPPERMANENT ADDRESS: _____
STREET CITY STATE ZIPPHONE NUMBER: REDACTED ARE YOU 18 YEARS OR OLDER? YES Y NO _____
STREET CITY STATE ZIPARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES X NO _____DATE OF BIRTH: 06.25.84 HEIGHT: 5' 10" WEIGHT: 110

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS: NO _____ YES: _____

IF YES, PLEASE DESCRIBE: _____

IDENTIFICATION: _____ DRIVERS LICENSE # _____ OTHER: _____

PLEASE CHECK THE SHIFTS YOU ARE AVAILABLE TO WORK.

	5-2	7-4
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____
SUNDAY	_____	_____

RESERVED FOR PICTURE

GW 0213

PAGE 2

EXPERIENCE

<u>COMPANY</u>	<u>POSITION</u>	<u>DATES</u>	<u>REASON FOR LEAVING</u>

- ☐ I understand and agree that I may be required to take one or more physical examinations as a condition of entering into an Independent Contractor Agreement or continuation of that agreement.
- ☐ I consent to take such test(s) at such time as designated by the company and to release the company, it's directors, Officers, Agents or employees from any claim arising in the connection with the use of such test(s). YES ☐ NO ☐
- ☐ I consent to having a background check performed by the Company as a condition of entering into an Independent Contractor Agreement or continuation of that agreement. YES ☐ NO ☐
- ☐ I understand that should my application be accepted, I will be an independent contractor, not an employee, and that all aspects of the relationship will be governed by an Independent Contractor Agreement.
- • You will not be denied contractor status solely because of a conviction record, unless the offense is related to the job for which you have applied.

IN CASE OF EMERGENCY PLEASE NOTIFY:

<u>RELATIONSHIP</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION AUTOMATIC ARE GROUNDS FOR AUTOMATIC TERMINATION OF THE INDEPENDNET CONTRACTOR AGREEMENT.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND FOR THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM ANY SUCH PERSON PROVIDING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF THE INDEPENDENT CONTRACTOR AGREEMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITH OUT PRIOR NOTICE.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

POSITION HIRED FOR: _____ HIRE DATE: _____

APPROVED: _____

PIC ID _____ SS _____

COMMENTS:

GW 0214

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and
 - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS

Form I-9 (Rev. 11-21-91)N

GW 0215

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>(Infante) Gore</u>	First <u>Ricardo</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>REDACTED</u>		Apt. # <u>1234</u>	Date of Birth (month/day/year) <u>11/11/81</u>
City <u>Brooklyn</u>	State <u>NY</u>	Zip Code <u>11201</u>	Social Security # <u>REDACTED</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Employee's Signature _____ Date (month/day/year) _____

I attest, under penalty of perjury, that I am (check one of the following):
☐ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien # A _____)
☐ An alien authorized to work until ____/____/____ (Alien # or Admission #) _____

Preparer and/or Translator Certification.

(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name <u>Ricardo Gore</u>	Title _____
Business or Organization Name _____	Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative _____	Date (month/day/year) _____

Form I-9 (Rev. 11-21-91) N Page 2

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LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both
Identity and Employment
Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-560 or N-570*)
4. Unexpired foreign passport, with *I-551* stamp or attached *INS Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

LIST B

Documents that Establish
Identity

OR

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependent's ID card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:
10. School record or report card
 11. Clinic, doctor or hospital record
 12. Day-care or nursery school record

LIST C

Documents that Establish
Employment Eligibility

AND

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545* or *Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

333 East 60th Street, Inc.
333 East 60th Street, New York, New York 10022

Entertainer Independent Contractor Agreement

As an Entertainer and independent contractor for 333 East 60th Street, Inc. dba Scores, ("Scores"), located at 333 East 60th Street, New York, New York 10022, I agree to conform to the following state and city regulations governing the operation of adult entertainment nightclubs in New York City.

1. While working I am to only dance topless in the areas designated by Management as adult entertainment areas within Scores and outside of these areas I am to remain fully clothed at all times.
2. While dancing on stage or for a customer I am not permitted to engage in any simulated acts of masturbation, sexual intercourse or sodomy, or to touch or fondle my genitals, pubic region or anus.
3. While dancing for a customer I am not permitted to engage in fondling and/or touching any part of their body that is likely to cause sexual arousal to the customer.
4. While working I am to sign in and sign out at the front door reception desk when arriving or leaving work. I am not to have my boyfriend, husband or partner visit me while at work at Scores or leave Scores with a customer and I am not to knowingly meet or socialize with Scores' customers outside of Scores.
5. While working at Scores I am to immediately report to Scores' Management any improper physical or verbal advance or suggestion of any kind made to me by either a customer or staff member.

I confirm that I am an independent contractor and not an employee of Scores. As an independent contractor:

- A. I have the right to perform services for others during the term of this Agreement and will not be required to devote my full time to providing these services to Scores.
- B. I will not receive any employee benefits, such as employee pension plan, employee health plan, vacation pay, sick pay or any other fringe benefit plan that may be offered by Scores to its actual employees.
- C. I will pay all my own business expenses that I incur while performed under this Independent Entertainer Agreement.

GW 0222

- D. I am responsible for the payment of my own income taxes and FICA, (Social Security and Medicare taxes), incurred while performing under this Independent Contractor Agreement.
- E. I will provide all dresses and other supplies required by me to carry out my work as an entertainer at Scores.
- F. I agree that in the event that a customer disputes a credit card charge with Scores then Scores will have the right to either withhold payment due to me or deduct any amounts paid to me from the disputed charge from any future payments due to me.
- G. I agree that either party may terminate this Agreement effective immediately by giving written notice of termination, with or without cause.
- H. I agree that violation of any part of this agreement is grounds for automatic termination.
- I. This Agreement does not create a partnership or employee relationship and the laws of the state of New York shall govern this Agreement. This is the entire agreement between the parties.

Signature:

Blerita Gore Date: 11.15.2005

Blerita Gore
Print Name:

Address:

REDACTED

REDACTED

Brooklyn ZIP: 11204

GW 0223

60117
333 EAST 60TH STREET INC.



NEW ENTERTAINER HIRE PACKET
SCORES EAST

ENTERTAINER
NAME Berta Gore

STAGE
NAME Marissa DATE 01.04.05

MANAGER'S CHECKLIST:
I VERIFY THE FOLLOWING FORMS AND ITEMS ARE CONTAINED
HEREIN, AND ARE COMPLETELY FILLED OUT AND SIGNED...

X PLEASE CHECK...

 ENTERTAINER APPLICATION

 I-9 FORM

 W-9 FORM

 ENTERTAINER AGREEMENT

 COPY OF PASSPORT OR DRIVER LICENSE OR
FEDERAL/STATE ISSUED PHOTO ID

 COPY OF VALID SOCIAL SECURITY CARD
OR PROOF OF ELIGIBILITY TO WORK

MANAGER'S SIGNATURE _____

STAGE NAME Marissa

ENTERTAINER ID# G0117

333 EAST 60th STREET INC.

333 EAST 60TH STREET • NEW YORK, NY 10022

**SCORES EAST
APPLICATION FOR ENTERTAINERS/
INDEPENDENT CONTRACTOR**

POSITION DESIRED: Dancer ARE YOU EMPLOYED NOW?: School

HAVE YOU EVER PERFORMED AT SCORES?: No

PERSONAL INFORMATION

NAME: Blerta Gore Blerta SOC. SEC.# REDACTED

PRESENT ADDRESS: REDACTED

PERMANENT ADDRESS: REDACTED

PHONE NUMBER: REDACTED

ARE YOU 18 YEARS OR OLDER? YES X NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES X NO

DATE OF BIRTH: 06-25-1984 HEIGHT: 5-6 WEIGHT: 115

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS: NO YES

IF YES, PLEASE DESCRIBE:

IDENTIFICATION: DRIVERS LICENSE # OTHER:

PLEASE CHECK THE SHIFTS YOU ARE AVAILABLE TO WORK

	5-2	7-4
MONDAY	<u> </u>	<u> </u>
TUESDAY	<u> </u>	<u> </u>
WEDNESDAY	<u> </u>	<u> </u>
THURSDAY	<u> </u>	<u> </u>
FRIDAY	<u> </u>	<u> </u>
SATURDAY	<u> </u>	<u> </u>
SUNDAY	<u> </u>	<u> </u>

RESERVED FOR PICTURE

PAGE 2

EXPERIENCECOMPANYPOSITIONDATESREASON FOR LEAVING

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I UNDERSTAND AND AGREE THAT IF THE INDEPENDENT CONTRACTOR AGREEMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITH OUT PRIOR NOTICE.

DATE: 04.04.05

SIGNATURE

Bla...DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____

POSITION HIRED FOR: _____

HIRE DATE: _____

APPROVED: _____

PIC ID _____

SS _____

COMMENTS:

GW 0226

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

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- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C).
 - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

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EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS

Form I-9 (Rev. 11-21-91)N

GW 0227

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Gore</u>		First <u>Bleria</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>REDACTED</u>		State <u>Ny</u>	Zip Code <u>11219</u>	Date of Birth (month/day/year) <u>06.25.84</u>
Social Security # <u>REDACTED</u>		I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		
Employee's Signature		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # <u> </u>) <input type="checkbox"/> An alien authorized to work until <u> </u> (Alien # or Admission #) Date (month/day/year) <u> </u>		

Preparer and/or Translator Certification.

(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name	Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): <u> </u> / <u> </u> / <u> </u>		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): <u> </u> / <u> </u> / <u> </u>		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) / / and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): <u> </u> / <u> </u> / <u> </u>	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

Form I-9 (Rev. 11-21-91)N Page 2

GW 0228

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both
Identity and Employment
Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551* stamp or attached *INS Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

LIST B

Documents that Establish
Identity

OR

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependent's ID card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:
10. School record or report card
 11. Clinic, doctor or hospital record
 12. Day-care or nursery school record

LIST C

Documents that Establish
Employment Eligibility

AND

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

333 East 60th Street, Inc.
333 East 60th Street, New York, New York 10022
SCORES EAST
Entertainer / Independent Contractor Agreement

As an Entertainer and independent contractor for 333 East 60th Street, Inc. dba Scores, ("Scores"), located at 333 East 60th Street, New York, New York 10022, I agree to conform to the following state and city regulations governing the operation of adult entertainment nightclubs in New York City.

1. While working I am to only dance topless in the areas designated by Management as adult entertainment areas within Scores and outside of these areas I am to remain fully clothed at all times.
2. While dancing on stage or for a customer I am not permitted to engage in any simulated acts of masturbation, sexual intercourse or sodomy, or to touch or fondle my genitals, pubic region or anus.
3. While dancing for a customer I am not permitted to engage in fondling and/or touching any part of their body that is likely to cause sexual arousal to the customer.
4. While working I am to sign in and sign out at the front door reception desk when arriving or leaving work. I am not to have my boyfriend, husband or partner visit me while at work at Scores or leave Scores with a customer and I am not to knowingly meet or socialize with Scores' customers outside of Scores.
5. While working at Scores I am to immediately report to Scores' Management any improper physical or verbal advance or suggestion of any kind made to me by either a customer or staff member.

I confirm that I am an independent contractor and not an employee of Scores. As an independent contractor:

- A. I have the right to perform services for others during the term of this Agreement and will not be required to devote my full time to providing these services to Scores.
- B. I will not receive any employee benefits, such as employee pension plan, employee health plan, vacation pay, sick pay or any other fringe benefit plan that may be offered by Scores to its actual employees.
- C. I will pay all my own business expenses that I incur while performed under this Independent Entertainer Agreement.

- D. I am responsible for the payment of my own income taxes and FICA, (Social Security and Medicare taxes), incurred while performing under this Independent Contractor Agreement.
- E. I will provide all dresses and other supplies required by me to carry out my work as an entertainer at Scores.
- F. I agree that in the event that a customer disputes a credit card charge with Scores then Scores will have the right to either withhold payment due to me or deduct any amounts paid to me from the disputed charge from any future payments due to me.
- G. I agree that either party may terminate this Agreement effective immediately by giving written notice of termination, with or without cause.
- H. I agree that violation of any part of this agreement is grounds for automatic termination.
- I. This Agreement does not create a partnership or employee relationship and the laws of the state of New York shall govern this Agreement. This is the entire agreement between the parties.

Signature:

Blerta

Date: 01.04.2005

Blerta Gore

Print Name:

Address:

REDACTED

Brooklyn Ny 11219

ZIP: _____

GW 0235

9595 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. 333 East 60th St, Inc. 533-535 W. 27th St New York, NY 10001 212-868-4900		1 Rents \$	OMB No. 1545-0115 2005 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 20-0211028		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number REDACTED		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name BLEETA GORE		6 Medical and health care payments \$	7 Nonemployee compensation \$ 35806.00	
Street address (including apt. no.) REDACTED		8 Substitute payments in lieu of dividends or interest payments \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code BROOKLYN, NY 11219		10 Crop insurance proceeds \$	11	
Account number (see instructions)		12	13 Excess golden parachute payments \$	
2nd TIN not <input type="checkbox"/>		14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$	
15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no. NY 20-0211028	18 State income \$

Form 1099-MISC 48-0971237 Department of the Treasury Internal Revenue Service

GW 0243

11/8/07 at 11:03:50.25

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333 East 60th St, Inc. DDS 2005-2006

Cash Disbursements Journal

For the Period From Jan 1, 2005 to Dec 31, 2005

Filter Criteria includes: 1) Vendor IDs from G0117 to G0117. Report order is by Date. Report is printed in Detail Format.

Date	Check #	Account ID	Line Description	Debit Amount	Credit Amount
1/7/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	306.00	
					306.00
1/7/05		78000 10200	FEE BLERTA GORE VIKKI	16.00	
					16.00
1/11/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	612.00	
					612.00
1/12/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	
					144.00
1/14/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	630.00	
					630.00
1/14/05		78000 10200	FEE BLERTA GORE VIKKI	96.00	
					96.00
1/18/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	
					144.00
1/19/05		78000 10200	FEE BLERTA GORE VIKKI	80.00	
					80.00
1/20/05		78000 10200	FEE BLERTA GORE VIKKI	160.00	
					160.00
1/21/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	702.00	
					702.00
1/21/05		78000 10200	FEE BLERTA GORE VIKKI	80.00	
					80.00
1/26/05		78000 10200	FEE BLERTA GORE VIKKI	160.00	
					160.00
1/27/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	
					144.00
1/28/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	540.00	
					540.00
1/28/05		78000 10200	FEE BLERTA GORE VIKKI	80.00	
					80.00
1/31/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	540.00	
					540.00
2/16/05		78000 10200	FEE BLERTA GORE VIKKI	64.00	
					64.00
2/17/05		78000 10200	FEE BLERTA GORE VIKKI	96.00	
					96.00
2/18/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	900.00	
					900.00
2/24/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	540.00	
					540.00
3/10/05		78000 10200	FEE BLERTA GORE VIKKI	80.00	
					80.00
3/23/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	
					144.00
3/25/05		77000 10200	DDS Payout BLERTA GORE VIKKI	558.00	
					558.00

GW 0244

11/8/07 at 11:03:50.26

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333 East 60th St, Inc. DDS 2005-2006

Cash Disbursements Journal

For the Period From Jan 1, 2005 to Dec 31, 2005

Filter Criteria includes: 1) Vendor IDs from G0117 to G0117. Report order is by Date. Report is printed in Detail Format.

Date	Check #	Account ID	Line Description	Debit Amount	Credit Amount
3/25/05		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
4/20/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
4/21/05		77000 10200	DDS Payment BLERTA GORE VIKKI	900.00	900.00
4/21/05		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
4/22/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	900.00	900.00
5/3/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
5/5/05		77000 10200	DDS Payout BLERTA GORE VIKKI	396.00	396.00
5/5/05		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
5/10/05		77000 10200	DDS Payout BLERTA GORE VIKKI	378.00	378.00
5/11/05		77000 10200	DDS Payout BLERTA GORE VIKKI	360.00	360.00
5/17/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
5/18/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
5/19/05		77000 10200	CK BLERTA GORE VIKKI	540.00	540.00
5/19/05		77000 10200	BLERTA GORE VIKKI	80.00	80.00
5/20/05		77000 10200	BLERTA GORE VIKKI	900.00	900.00
5/24/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
5/25/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	144.00
5/26/05		77000 10200	DDS PAYOUTS BLERTA GORE VIKKI	774.00	774.00
5/26/05		78000 10200	FEE BLERTA GORE VIKKI	80.00	80.00
6/3/05		77000 10200	DD PAYOUT BLERTA GORE VIKKI	720.00	720.00
6/7/05		77000 10200	DD PAYOUT BLERTA GORE VIKKI	900.00	900.00
6/7/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	144.00
6/9/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	144.00

GW 0245

11/8/07 at 11:03:50.28

333 East 60th St, Inc. DDS 2005-2006

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Cash Disbursements Journal

For the Period From Jan 1, 2005 to Dec 31, 2005

Filter Criteria includes: 1) Vendor IDs from G0117 to G0117. Report order is by Date. Report is printed in Detail Format.

Date	Check #	Account ID	Line Description	Debit Amount	Credit Amount
6/10/05		77000 10200	DD PAYOUT BLERTA GORE VIKKI	612.00	
6/10/05		78000 10200	FEE BLERTA GORE VIKKI	80.00	612.00
6/13/05		77000 10200	DD PAYOUT BLERTA GORE VIKKI	900.00	80.00
6/14/05		77000 10200	DD PAYOUT BLERTA GORE VIKKI	864.00	900.00
6/14/05		77000 10200	DD PAYOUT BLERTA GORE VIKKI	1,656.00	864.00
6/14/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	1,656.00
6/16/05		77000 10200	DDS Payout BLERTA GORE VIKKI	720.00	144.00
6/22/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	468.00	720.00
6/23/05		78000 10200	FEES BLERTA GORE VIKKI	80.00	468.00
6/28/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	972.00	80.00
6/30/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	972.00
7/1/05		77000 10200	DD PAYOUT BLERTA GORE VIKKI	540.00	144.00
7/1/05		78000 10200	FEE BLERTA GORE VIKKI	80.00	540.00
7/5/05		77000 10200	DDS PAYOUT-House Account BLERTA GORE VIKKI	450.00	80.00
7/13/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	342.00	450.00
7/13/05		78000 10200	FEE BLERTA GORE VIKKI	144.00	342.00
8/11/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
8/16/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
8/17/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	234.00	144.00
8/17/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	234.00
8/20/05		78000 10200	FEES BLERTA GORE VIKKI	112.00	144.00
8/20/05		78000 10200	FEES BLERTA GORE VIKKI	16.00	112.00
8/22/05		77000 10200	DDS Payout BLERTA GORE VIKKI	1,170.00	16.00
					1,170.00

GW 0246

11/8/07 at 11:03:50.30

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333 East 60th St, Inc. DDS 2005-2006

Cash Disbursements Journal

For the Period From Jan 1, 2005 to Dec 31, 2005

Filter Criteria includes: 1) Vendor IDs from G0117 to G0117. Report order is by Date. Report is printed in Detail Format.

Date	Check #	Account ID	Line Description	Debit Amount	Credit Amount
8/22/05		78000 10200	FEES BLERTA GORE VIKKI	112.00	
8/25/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	112.00
8/26/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	432.00	144.00
8/26/05		78000 10200	FEES BLERTA GORE VIKKI	80.00	432.00
8/31/05		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
9/2/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	576.00	80.00
9/2/05		78000 10200	FEES BLERTA GORE VIKKI	80.00	576.00
9/6/05		77000 10200	DDS PAYOUT BLERTA GORE VIKKI	720.00	80.00
10/18/05		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	450.00	720.00
10/18/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	450.00
10/19/05		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	900.00	144.00
10/19/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	900.00
10/20/05		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	720.00	144.00
10/20/05		78000 10200	FEES BLERTA GORE VIKKI	80.00	720.00
10/26/05		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	342.00	80.00
10/26/05		78000 10200	FEES BLERTA GORE VIKKI	144.00	342.00
11/3/05		78000 10200	FEES BLERTA GORE VIKKI	32.00	144.00
11/7/05		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	342.00	32.00
11/7/05		78000 10200	FEES BLERTA GORE VIKKI	112.00	342.00
11/9/05		78000 10200	FEES BLERTA GORE VIKKI	32.00	112.00
11/16/05		78000 10200	FEES BLERTA GORE VIKKI	32.00	32.00
11/17/05		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	864.00	32.00
11/17/05		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	864.00	864.00
					864.00

GW 0247

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code, and telephone no.
 333 EAST 60TH STREET INC
 533-535 WEST 27TH STREET
 NEW YORK, NY 10001
 TEL NO. : (212) 868-4900

PAYER'S Federal Identification number
 20-0211028

RECIPIENT'S Identification number
 REDACTED

RECIPIENT'S name
 BLERTA GORE-VIKKI

Street address (including apt. no.)
 REDACTED

City, state, and ZIP code
 BROOKLYN, NY 11219

Account number (optional)
 004-20274-060093

2nd TIN not ☐

15a Section 409A deferrals
 \$

15b Section 409A income
 \$

1 Rents
 \$

2 Royalties
 \$

3 Other Income
 \$

4 Federal income tax withheld
 \$

5 Fishing boat proceeds
 \$

6 Medical and health care payments
 \$

7 Nonemployee compensation
 \$ 20994.00

8 Substantiated payments (e.g., dividends, interest)
 \$

9 Crop insurance proceeds
 \$

10 Excess golden parachute payments
 \$

11 Gross proceeds paid to an attorney
 \$

12 State tax withheld
 \$

13 State Payer's state no.
 \$

14 State income
 \$

OMB No. 1545-0115
 2006
 Form 1099-MISC

Miscellaneous Income

Copy C
 For Payer

For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Form 1099-MISC
 41-1628061
 Department of the Treasury - Internal Revenue Service

GW 0248

11/8/07 at 11:04:44.99

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333 East 60th St, Inc. DDS 2005-2006

Cash Disbursements Journal

For the Period From Jan 1, 2006 to Dec 31, 2006

Filter Criteria includes: 1) Vendor IDs from G0117 to G0117. Report order is by Date. Report is printed in Detail Format.

Date	Check #	Account ID	Line Description	Debit Amount	Credit Amount
1/19/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	
1/20/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	720.00	144.00
1/20/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	720.00
1/22/06		78000 10200	FEES BLERTA GORE VIKKI	16.00	32.00
1/24/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	450.00	16.00
1/24/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	450.00
1/26/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	144.00
1/27/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	1,116.00	32.00
1/27/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	1,116.00
1/31/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	252.00	80.00
1/31/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	252.00
2/1/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	540.00	144.00
2/1/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	540.00
2/2/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	450.00	144.00
2/2/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	450.00
2/15/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	126.00	80.00
2/15/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	126.00
2/21/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	32.00
3/1/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	972.00	
3/1/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	972.00
3/3/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	828.00	144.00
3/17/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	450.00	828.00
3/17/06		78000 10200	FEES BLERTA GORE VIKKI	64.00	450.00
					64.00

GW 0249

11/8/07 at 11:04:45.01

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333 East 60th St, Inc. DDS 2005-2006
Cash Disbursements Journal
 For the Period From Jan 1, 2006 to Dec 31, 2006
 Filter Criteria includes: 1) Vendor IDs from G0117 to G0117. Report order is by Date. Report is printed in Detail Format.

Date	Check #	Account ID	Line Description	Debit Amount	Credit Amount
3/23/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	
3/24/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	900.00	900.00
3/24/06		78000 10200	FEES BLERTA GORE VIKKI	64.00	64.00
3/26/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	32.00
3/27/06		78000 10200	FEES BLERTA GORE VIKKI	112.00	112.00
3/28/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	32.00
3/29/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	342.00	342.00
3/29/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
3/31/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	864.00	864.00
3/31/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
4/4/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	270.00	270.00
4/4/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
4/6/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
4/12/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	1,224.00	1,224.00
4/12/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
4/19/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	270.00	270.00
4/19/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
4/20/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	432.00	432.00
4/20/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
4/26/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	540.00	540.00
4/26/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
4/28/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	32.00
5/3/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	32.00

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333 East 60th St, Inc. DDS 2005-2006
 Cash Disbursements Journal
 For the Period From Jan 1, 2006 to Dec 31, 2006
 Filter Criteria includes: 1) Vendor IDs from G0117 to G0117. Report order is by Date. Report is printed in Detail Format.

Date	Check #	Account ID	Line Description	Debit Amount	Credit Amount
5/4/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	
5/8/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	630.00	32.00 630.00
5/8/06		78000 10200	FEES BLERTA GORE VIKKI	112.00	112.00
5/9/06		77000 10100	DDS PAY OUT BLERTA GORE VIKKI	720.00	720.00
5/9/06		78000 10100	FEES BLERTA GORE VIKKI	144.00	144.00
5/10/06		78000 10100	FEES BLERTA GORE VIKKI	80.00	80.00
5/16/06		78000 10200	FEES BLERTA GORE VIKKI	80.00	80.00
5/18/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	594.00	594.00
5/18/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
5/21/06		78000 10200	FEES BLERTA GORE VIKKI	20.00	20.00
5/24/06		77000 10100	DDS PAY OUT BLERTA GORE VIKKI	1,386.00	1,386.00
5/24/06		78000 10100	FEES BLERTA GORE VIKKI	144.00	144.00
5/25/06		78000 10100	FEES BLERTA GORE VIKKI	80.00	80.00
5/30/06		78000 10100	FEES BLERTA GORE VIKKI	32.00	32.00
5/31/06		78000 10100	FEES BLERTA GORE VIKKI	32.00	32.00
6/1/06		78000 10100	FEES BLERTA GORE VIKKI	32.00	32.00
6/6/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	1,226.00	1,226.00
6/8/06		78000 10200	FEES BLERTA GORE VIKKI	144.00	144.00
6/9/06		78000 10200	FEES BLERTA GORE VIKKI	32.00	32.00
6/14/06		77000 10200	DDS PAY OUT BLERTA GORE VIKKI	720.00	720.00
6/14/06		78000 10200	FEES BLERTA GORE VIKKI	160.00	160.00
6/15/06		78000 10200	FEES BLERTA GORE VIKKI	20.00	20.00
6/21/06		77000 10100	CASHOUT BLERTA GORE VIKKI	450.00	450.00

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333 East 60th St, Inc. DD\$ 2005-2006
 Cash Disbursements Journal
 For the Period From Jan 1, 2006 to Dec 31, 2006
 Filter Criteria includes: 1) Vendor IDs from G0117 to G0117. Report order is by Date. Report is printed in Detail Format.

Date	Check #	Account ID	Line Description	Debit Amount	Credit Amount
6/21/06		78000	FEE	160.00	
		10100	BLERTA GORE VIKKI		160.00
6/22/06		78000	FEE	20.00	
		10100	BLERTA GORE VIKKI		20.00
6/22/06		77000	CASHOUT	378.00	
		10100	BLERTA GORE VIKKI		378.00
6/27/06		78000	Fees	40.00	
		10100	BLERTA GORE VIKKI		40.00
6/28/06		78000	Fees	160.00	
		10100	BLERTA GORE VIKKI		160.00
7/6/06		77000	DD\$ Payout	216.00	
		10100	BLERTA GORE VIKKI		216.00
7/19/06		78000	Fees	20.00	
		10100	BLERTA GORE VIKKI		20.00
Total				20,994.00	20,994.00

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